

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-7-03.

## I. DISPUTE

Whether there should be reimbursement for DME items, E0236 and E0249.

## II. FINDINGS

The respondent denied reimbursement based upon “M-Allowance for this procedure was made at the ‘fair and reasonable’ amount for geographical area; D – The insurance company is reducing or denying payment after reconsidering a bill.”

## III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
7-13-02	E0236	\$495.000	\$0.00	D	\$490.20	Section 413.011(b)	Original EOB was not submitted to support “D”.  The requestor supported amount billed per MFG reimbursement of \$490.20 is recommended.
7-13-02	E0249	\$125.00	\$0.00	M	DOP	Section 413.011(b)	The requestor did not support amount billed complied with Section 413.011(b); therefore, no reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$490.20</b> .

## IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) E0236 in the amount of **\$ 490.20**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$490.20** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division